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Editor

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The Contribution a Hospital may Make to its Community

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TO-DAY hospitals form a very important part of what Sir William Osler called "man's redemption of man". In that delightful address, he described the beneficent result of anaesthesia, of antiseptic and asceptic surgery and of the abolition and prevention of fevers and acute infections. We may well add to those elements in man's redemption of man, the emphasis laid to-day on preventive medicine, on the relation between nutrition and health, physical therapy, radiology, and the comparatively new field of chemotherapy. The hospital has its part, no small part, in man's redemption of man.

Hospitals are institutions for the temporary reception of the sick. The word *hospitalis,* by derivation, is an adjective belonging to the noun *"hospes"*, and that may be translated either "host" or "guest". The word "hotel" and the word "hostel" have the same derivation, but like the word "hospital" have become limited and specialized in their application. The original simple function of the hospital to be a temporary receptacle for the sick, has been, in modern times, vastly enlarged; the present day hospital represents an evolution or development extending over many centuries. We passed from the day when it was a refuge for the sick to the day when it helps all classes; from the day when it cared for the individual to the day when the whole community is served; from the time when the hospital was merely a remedial institution to the time when it is a positive, constructive apostle of health.

The Old Concept of Hospitals

Originally the hospitals were small, poorly organized, overcrowded, and scantily equipped. A hospital was a last resort; a place in which you went to die. When you remember the days when operations had to be performed without anaesthetics and the days when anaesthetics were administered and operations performed without antiseptics, you can well realize the dread with which many people viewed the hospital.

Great advances have been made in the modern hospital; its development is one of the most striking evidences of the advance of scientific and humanitarian principles which the world has ever seen. I link together the two, the scientific and the humanitarian. Nowadays, a hospital is if possible, erected on an extensive site; it is a small community within itself with hundreds of inhabitants; it is a complicated scientific institution with a strong humanitarian aspect, the handmaid of modern scientific medicine.

The Hospital of To-day

The hospital to-day is a city within a city. Its day is twenty-four hours long; it is a bakery, a power plant, a laundry, a college with lectures and teachers, a laboratory for scientific research and a great warehouse for bandages. And that is only the beginning of the description. Its facilities have been marvelously extended.

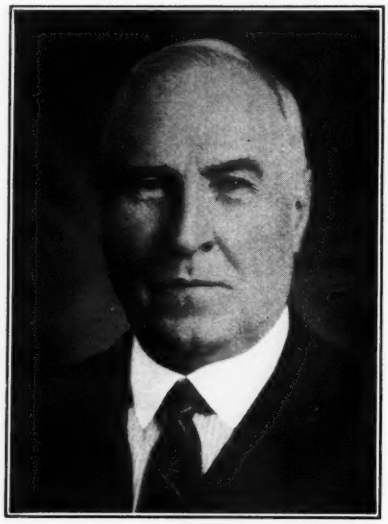
On this continent, where land is not so precious, the tendency is away from the old, gloomy quarters that suggest disease and death, into open park, garden-like surroundings; from the noisy turmoil of the crowded city into peaceful habitation as free as possible from noise. In some of our large cities we have to resort to the skyscraper hospital; for convenience and economy in management. All the newer hospitals are fireproof, and represent a tremendous advance in architecture, equipment and environment.

Address delivered at the Trustees' Section of the American Hospital Association at the Toronto convention. Dr. Cody is one of the representatives of the University of Toronto on the Board of Trustees at the Toronto General Hospital. During the convention Dr. Cody participated also in the planting of the commemorative tree in recognition of National Hospital Day, on which occasion he received the tree on behalf of the University.

The Modern Concept

In the Middle Ages, the hospitals and nursing systems were connected with religious organizations. The oldest foundations in the Old World and in some of the new lands indicate this original religious connection. The Hotel Dieu in Paris, and the St. Thomas Hospital and the St. Bartholomew's bring us back to the days when religious orders cared for the sick and the needy.

To-day the hospital is an extraordinary combination; it is a combination of public and voluntary effort, it is a combination of diverse sources of revenue, revenue from patients, from patrons, from municipal payments, from government taxation, from the earnings of special departments, from private benefactors who may give buildings or equipment or maintenance, and from general endowments for hospital purposes. It is a combination of various expert services; the expert service of the physician, the surgeon, the nurse, the scientist, the dietitian, and nowadays a group of technical experts such as the chemist, the pathologist, and the radiologist in charge of x-ray and radium and their technicians. To those we must add the business administrator, the superintendent of the housekeeping department, and those who direct the social service. a great training school for doctors and nurses, usually affiliated with a university. It has come in our land, for the most part, under government supervision, so that all its accounts are open to public inspection, and its general policy is determined by statute. Our general hospitals in this land are both clinical and non-clinical. The Toronto General Hospital, to which primarily I have to refer because I know it best, is a clinical hospital to which a medical school is attached. In it there are public wards and private wards and semi-public and semi-private rooms. There are pre-natal and post-natal clinics, emergency wards, an out-patient department, clinical laboratories, and departments for x-ray and radium, and for physical therapy and heliotherapy. In some of our great Canadian cities since 1840, at least, there have been specialized hospitals, some to deal with infectious diseases, and they are, for the most part, under municipal control and supported by municipal taxation. Then there are tuberculosis and mental hospitals that are supported and under the control of provincial and state authorities; a group of convalescent hospitals, not as large as it



Hon. Henry J. Cody

ought to be, and a group of institutions bearing the sad name of incurable hospitals, which we are trying to call chronic hospitals.

The general hospitals of Canada are voluntary community hospitals subsidized by aid from the municipality and from the government. The Toronto General Hospital, for example, has a Board of Trustees made up of representatives appointed by the government of the province, by the municipal council of the city, by the subscribers at large and by the University of Toronto.

Meeting the Various Needs of the Community

To approach the subject more closely, it is extremely necessary to analyze the needs of a community, if we are going to avoid overlapping of effort and over-hospitalization. First of all, the hospital is erected primarily for the proper and rightful care of patients; it seeks to meet the needs of the community on the subject of its illness and on the maintainance of its health. The hospital must contain the best of facilities for diagnosis as well as for treatment, and this implies good equipment, a good medical staff, good nurses, good organization, good supervision, and good general administration. The medical staff must be so organized that someone shall head each department and supervise its work. Certainly if there is to be any teaching, that condition must be rigorously fulfilled.

Further, the hospital must possess such equipment and such general curative agencies and facilities as are known to produce certain specific results, both diagnostic and curative. To-day we all need to possess good x-ray equipment, some supply of radium, the very best operating room equipment, the anaesthetic that gives the least unfavourable reactions. We must have a thoroughly trained pathologist.

The hospital must be so organized as to meet the needs of the various classes in the community. The sick poor in the public ward where the hospital has a medical faculty receive good care and the persons possessed of ample means are admirably cared for in the private ward. The group between these classes need better facilities for hospital care within their means. We must try to ease, as we are already seeking to do in the hospital which I represent, hospital expenses for that large class who are willing to make some contribution toward their care but cannot meet the full cost of private or semi-private treatment. I think this is one of the most urgent hospital problems that presents itself to us for solution. As far as the doctors who serve the hospital are concerned, we must try to provide accommodation for all classes of their patients so that the patients may not be scattered over the whole city, the whole community, and the doctors' time and strength severely taxed in seeking to reach them within a limited time.

Emergencies

A hospital in a large city, particularly, should be so organized as to cope with any emergency that may arise in the community. For example, as long as there are careless drivers of automobiles, we shall have accidents on a scale as large as an international war. We must provide on a larger scale than ever, emergency wards for motor accidents—until we can inject more sense, more unselfishness, into those who control these powerful machines. We must provide against the catastrophes that

may befall any community through flood or fire and we must provide against occasional epidemics. In Toronto we know that of late we have had to provide against an outbreak of poliomyelitis. Iron lungs and other parallel inventions have had to be provided to meet the needs of the community in the form of an outbreak of epidemics. We must have a margin of safety in our accommodation. On the whole I think all hospitals have met those emergencies.

The Psychology of Hospital Care

Further, in meeting the needs of the community, the hospital staff, doctors, nurses and administrators must keep in mind the individual problems of the patient and his relatives and friends. They are under strain and anxiety and to them there is only one patient of importance in the hospital. The whole staff has to learn to be patient with both visitors and the sick. This task may become, and does become, wearing and wearying to the administrators, but after all, it is their life.

Psychologically, we are brought face to face with another phase of hospital service, and that is the influence of surroundings, material and personal, on the mental and the physical condition of the patient. Such things can increase the patient's general power of resistance; indeed I think the fundamental principle involved is that the patients should be treated primarily as persons and not as cases. I have heard of a hospital where everyone who enters has a number, and he is nothing more than a number. I cannot conceive of anything psychologically that would have a worse effect upon the patient.

In the study of medicine to-day emphasis is being increasingly placed upon the body as a self-sustaining organism. The subject of inquiry is life rather than the perils which threaten life. Every addition to knowledge seems to display the mechanism of life in some new and unexpected light. Lord Dawson of Penn, one of the most distinguished physicians in England, speaking upon the occasion of the one hundredth anniversary of the British Medical Association, said that health, like healing, comes in the last resort from within; stimulation and assistance come from without. Anything that reinforces the personality of the patient reacts favourably on the healing process and his recovery.

To do what is expected by a hospital on a twenty-four hour service seems to require about one attendant for each patient. In some hospitals there are as many on the average as 2.6 attendants for each patient. The maximum of efficiency can only be gained by increasing the number of attendants, provided, of course, they are in their turn efficient.

The Hospital as an Educational Center

Now while the primary purpose of a hospital is to care for the sick, it meets the needs of the community to-day in a second great fashion. A hospital is a great educational center. It is absolutely indispensable to the training of nurses, both bedside nurses and public health nurses; to the training of the medical students who are one day to become the practicing physicians and surgeons; to the training of the young intern who, after no small degree of general scientific preparation and clinical training, must get further ahead by practice. It is indispensable further to the training of the practising doctor. The practising doctor may not seem so obviously to fall into this education category, but the practising doctors are being constantly further trained by the daily work in the hospital, by consulting together in groups and at staff meetings. The practising doctor finds in the hospital facilities for continuing his own post-graduate studies. In the hospital also are trained, as I have said, the technician in connection with x-rays, heliotherapy, physiotherapy, the dietitian and the social worker who must follow up the case. The hospital is thus a great deal more than an institution of healing; it is a great educational institution. Without its co-operation there could not be provided the trained medical man, the trained attendant, the trained nurse, the technician.

The Hospital as a Research Laboratory

Every hospital must do its share of recording data and securing complete reports of all the cases, all the laboratory examinations, x-ray results. These records ought to be available to all research workers; they represent the results of experience. In the Toronto General Hospital, one of the finest rooms is the library where are kept the case records. They are a necessary contribution to medical science. They must be consulted by the research students in every department of medicine or surgery.

Leadership in Preventive Medicine

The modern hospital must, in order to meet the needs of the community, give leadership in preventive medicine. The hospital should be the great apostle of good health in the whole community. Patients can be educated while they are in the hospital. To the hospital the family physician can bring his patient for recurrent examinations. The hospital of to-day, if it is to be progressive, must not only cure disease but must also prevent it. Through its various clinics it serves the whole community in manifold methods of prevention. The Toronto hospitals serve in out-patient clinics about eighteen hundred people a day. The Toronto General Hospital, the administrator tells me, serves an average of about seven hundred people a day.

Meeting Community Needs Through Hospital Social Service

The modern hospital meets the needs of the community by its social service work. I believe that the social worker will be an increasingly valuable agent in our hospital work. She will supplement the out-patient department by a humanizing element, she will follow the patients after they leave the hospital and see how they progress. Scientific knowledge is handicapped often by a lack of knowledge as to the result of the treatment. The social worker will be able to bring the patient back for examination, determine what, if any weaknesses have been developed, and see if the work done by the hospital has been really worth while. There is an important connection between character and circumstances, and the social worker may be able to improve the surroundings, the circumstances, in regard to cleanliness and ventilation and nourishment, and so indirectly to help the whole community to promote good health.

The Convalescent Hospital

The convalescent hospital is another great development. Upon that I have time to say nothing save this:

I believe that all hospitals would profit in large communities if they could combine to have a convalescent hospital conveniently situated. They could empty wards: they would not need to be so large as they are to-day, and active treatment would be confined to a limited period and the less expensive treatment only would be needed for the convalescent hospital.

The Red Cross Hospitals in Canada

I want to describe one further way in which in this Dominion of Canada, the hospitals have sought to meet the needs of their communities. You know the Red Cross on both sides of the line originated in an effort to minister to those who were wounded in war. After the last great war was over, the Red Cross in this country and in the United States continued its work. The motto adopted was "Serving still". In this country the Red Cross set itself to establish a series of outpost hospitals in remote districts of northern Canada. Courageous nurses make their way over the ice and through the snow in temperatures of twenty or thirty below zero to bring the benefits of modern skill and science to people in the far-off northlands. The first such hospital in the world, I believe, was set up by the Red Cross in Saskatchewan about nineteen years ago. There are now forty-three such hospitals in Canada. During the past year, more than eight thousand patients were treated, and nurses have made more than twenty thousand visits to the homes in these isolated sections. Since this work began, more than sixteen hundred children have been born with only a Red Cross nurse in attendance and without a single fatality.

The Effect of War

Because it is related to the Red Cross, I am bound to speak of the way in which the hospital has to meet the needs of its community in time of war. Our Toronto hospitals have had to face the demands made upon them already by the grim necessity of war. From our staff in the Toronto General and in the other allied hospitals, we have had to provide already one base hospital; from our staff have had to go officers, orderlies, nurses, and we must fill their places. We are faced with the scarcity of certain commodities almost essential for hospital use. We are faced with the necessity of trying to buy surgical instruments from new sources. That, I imagine we shall have to do to a larger extent than in the past. It is more difficult to get certain drugs than it was; new sources of supply must be found. A hospital has the satisfaction, at least, to know that it can make a contribution to repair and reconstruction in times of war, when the processes of destruction of human life by wounds and disease are rampant.

I have sought to indicate some of the ways in which the hospital, a modern hospital, enlarging its functions, seeks to meet the needs of the community in which it finds itself. The community expects a great deal from its hospitals and I think the communities at large have little cause for finding fault. There is no more commendable work than that done through the instrumentality of hospitals for the prevention of illness and the cure of disease. The hospital is essential almost to the life of every community and yet corporate responsibility for it is not adequately realized. That corporate responsibility, or governmental responsibility, is recognized in regard to our lighting, our water supply, our fire protection, our police service. I believe that the hospital must ultimately become *the responsibility of the public as a whole.* The hospital is the servant of the community and it deserves support from the community. No institution is more dependent on the human element involved and employed than is the hospital. It is an institution not made of stone and brick and mortar and steel and white beds in rows. In all hospitals the administration and the medical problems must be kept in close touch with human feelings. *The balance sheet at the end of the month is not the only barometer of a hospital's usefulness and success.*

Hospital Administration Course at University of Toronto

Administrators and Sisters made up the group who took the three weeks course in hospital administration given in November by the School of Nursing at the University of Toronto. Students coming from the greatest distances were Miss Vera L. Armstrong from New Zealand, and Miss Helen Patronelli from Greece.

Radium Storage in War-time

When war broke out all radium supplies in the country were removed to safety underground, for a bomb which distributed radium would cause incalculable damage. Since radium treatment for cancer is to begin again, however, one hospital, which besides its own supply, is housing the radium of about thirteen other hospitals, has about £200,000 worth in its charge, is constructing a special shaft connecting by ladder to the radium department far below. By this means it will be possible to return any radium in use to safety within three minutes of an air raid warning.

—*Hospital and Nursing Home Management.*

Hospitals Do Co-operate
A Preliminary Report

By OLIVER PHILLIPS
Secretary, Vancouver General Hospital

SOME months ago a prominent business man in the West, during a discussion of hospital affairs, asked the writer, "Is it possible for hospitals to co-operate?" The reply given was, "What is to hinder a real co-operative spirit between hospitals?" A definite reply could not be given, as we had not personally experienced a desire, or a lack of desire, to get together.

This thought provoking question often came to mind in the intervening period. When it was suggested that a conference of representatives of hospitals in the Lower Mainland District of British Columbia should be held to discuss a question of apparently common interest, an opportunity was presented to personally prove, or alternatively disprove, my friend's question.

In this region we have sisters' hospitals and general hospitals — small and really large institutions—hospitals with a yearly budget of a few thousand dollars and one reaching over one and three-quarter million dollars. Was there the slightest hope that hospitals in this range could find common ground on which to meet and thresh out the problems surrounding the care of the sick?

Frankly, we had been told that the difficulties of general hospitals were not the same as those of a sisters' hospital. Were these difficulties just fancied, or were they real?

Here was a ready made set up. We could find out for ourselves.

Experience in other walks of life in the past had proved that notwithstanding what folks said, there was always an excellent chance of introducing co-operation amongst those in a given line of endeavour, provided one thing and one thing alone was evident: that was a free and frank discussion of the problem with the cards face up on the table.

Preliminary talks proved that all the hospitals in the area were willing, nay anxious, to sit around a table and call a spade a spade.

Orders of one Department of Government had depleted revenues; another Governmental Department had increased our expenses. These actions had caused our financial picture to change over night; not only the hospitals in this region, but all of the hospitals in the province were affected.

In case anyone is of the opinion that I am critical of these orders, let me say that I believe the position of the hospitals over the years will have benefited by the rulings referred to.

Because of these new rulings we were compelled to review our dealings with others.

The First Conference

It will be remembered that about two years ago the Provincial Government contemplated introducing a State Health measure. This was not proceeded with, but it made the people "Health Conscious", with the result that numerous groups of employees became interested in group hospitalization schemes and these came to our hospitals for preferred consideration. One hospital would quote rates which, not proving satisfactory to the group interested, resulted in an application to another hospital for better terms.

In the main, this was the reason for the representatives of the Boards of Directors originally getting together. We discussed this phase at length. Why should we contract to render a service at less than our cost for that service? By what right could we expect others to pay for the difference?

When it is understood that our various Boards are custodians of public funds—in that we receive per capita grants from the Provincial Treasury—can we be criticized for deciding that it was not the proper thing to give one patient, just because he was gainfully employed in a large industry, a cheaper rate than was charged to a patient who was employed in a small undertaking?

It did not take long to realize that the cost to us per patient day was exactly the same for both patients.

Further Co-operation

We next decided that Ward Fees were but one item only. Each hospital then volunteered to submit a *complete list of charges,* from which was prepared a fully detailed composite statement of the charges of all hospitals; copies were sent to each representative. There were thirty-two pages of figures, covering all kinds of charges.

The final result? I cannot say, Although a number of meetings have been held, we have only been able to review 5 of the 32 pages comprising this composite statement. The other charges will be reviewed and co-ordinated as rapidly as possible.

This study will not necessarily result in absolute uniformity of charges. It may result in certain hos-

(Continued on page 38)

Mr. Oliver Phillips explaining the plan of regional co-operation at the convention of the British Columbia Hospitals' Association.

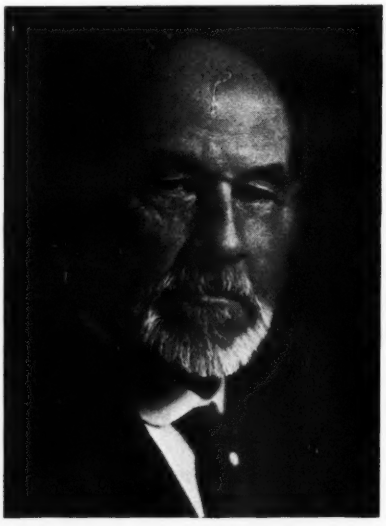
Luncheon Address

To the Canadian Hospital Council

JOHN FERGUSON, M.A., M.D.

ON behalf of the other governors of the Toronto Western Hospital, I can say, as Macbeth said to his guests at the banquet. "You are very welcome to our house"; but there is a difference between this banquet and that of his day— there will be no ghost to break in upon your pleasure.

You are engaged in the noblest tasks known to humanity. Nothing can elevate and refine your own nature as perfectly as the doing of some beneficent act to some one in need; for the three enobling qualities — faith, hope and charity—the last is the greatest. The story of the good Samaritan shall never die. It has been truly said that nothing enriches us like doing kindly things.



John Ferguson, M.A., M.D.

Your great work is the caring for the sick and injured, and the providing of proper conditions under which such work can best be done. You are like the ancient philosopher, viewing the world from Mount Etna who is reputed to have said:

"He took the suffering human race,
He read each wound, each weakness clear,
He laid his finger on the place,
And said—'Thou ailest here and here'."

You shall find many places where the human race is ailing; but Whittier states your tasks well in these few lines:

" 'Tis yours the ruptured chords to bind,
That nature's woes have rent apart
To soothe again the troubled mind
And heal again the broken heart."

Keeping in mind the influence on yourselves of being engaged in philanthropic and humanitarian duties, may I call your attention to the poem of Russell Lowell on the vision of Sir Lannfal. Lannfal was one of the Knights of King Arthur's round table. He utilized his wealth to travel in search of the Holy Grail, the Cup from which Christ drank.

In his journeyings he came upon a spring of clear water, where he sat down to eat some of his bread and to drink of the clear spring water. While so engaged there appeared before him a person weary of face and clad in rags. This stranger requested from Lannfal a portion of his bread and a drink of the pure water. Lannfal complied with the request, and as the stranger partook of the bread and drank the water, a complete transformation occurred. The stranger's face became beautiful and radiant, and the rags became glorious garments. Then the stranger said:

"Is is not what you give but
what you share,
That makes your gift so
precious and rare;
He who gives himself with
his alms feeds three,
Himself, his hungry neighbour and Me."

The stranger who then vanished, was symbolic of Christ, the third person, or the "Me" of the poem. Carry this thought with you in the routine of your daily duties.

Many years ago, the late Professor Goldwin Smith (and to know Goldwin Smith was to know a great man) while addressing a group of medical gentlemen said that "The white winged dove of peace has ever perched on the banner of the medical profession; there are no persecutions recorded against that banner."

As a result of my recent and severe accident, I shall not likely be able to enjoy any of the meetings of the American Hospital Association, meeting in this city two days hence, but to all engaged in the altruistic work of hospital betterment, I cannot close my remarks in more suitable words than those of our beloved Queen Elizabeth on bidding good-bye to this country: "Et Dieu vous benisse" —*and may God bless you.*

Address to the Canadian Hospital Council delegates, on the occasion of a luncheon to the delegates by the Board of Governors of the Toronto Western Hospital. This was one of Dr. Ferguson's last public appearances and one of his last acts was to put these remarks on paper for publication in The Canadian Hospital.

TESTING PUBLIC OPINION

An Effective Appraisal of Community Reactions

EVERY hospital should have a definite program of activity and development. It is not sufficient merely to endeavour to meet situations as they arise, but the progressive hospital should *plan* this program, looking ahead and anticipating needs and difficulties before they actually become serious. Particularly is it important for a hospital to have accurate knowledge of the attitude of its own community.

Certain hospitals have been quite outstanding in the progressiveness of their programs of development. A case in point is Salem Hospital, a 150-bed hospital in Salem, Massachusetts, a thriving little town some twenty miles from Boston. The administrator, Mr. Oliver Pratt, is one of the best known administrators of smaller hospitals on this continent, is personally known to many Canadians and, through these columns, to Canadian readers. The experience of this hospital might well be duplicated in any of our provinces.

This small-centre hospital knows the competition of the big city for it is only twenty miles from that great medical centre, Boston. It has done well by its community—one of the advantages of close competition. It has a full time radiologist and some fine new x-ray equipment, it has a good laboratory and expert pathologist; it has a selected, not a wide open, medical staff and has added doctors from nearby villages. Although a "small brother" itself, it has shown its real spirit by playing "big brother" to an emergency hospital without x-ray or laboratory in a nearby town.

As a first step in their public education program, they decided to really find out how they stood in local public opinion. This might be tried out with advantage by every hospital. A questionnaire was drawn up with the professional counsel of a well-known firm of hospital advisors. It consisted of fifteen "yes" or "no" questions and ten controversial questions calling for an expression of opinion. They were sent to a "representative" though admittedly super-average cross-section of the community.

The questionnaire served four distinct purposes: (1) to estimate the degree of public acceptance and appreciation of the hospital; (2) to discover points at which service to patients might be "streamlined" to improve public acceptance and to discern how much certain apparently necessary policies were costing in terms of public goodwill; (3) to establish public recognition of the hospital's eagerness to make its services acceptable and, (4) to create an occasion for correcting common misconceptions and prejudices. Some 320, or nineteen per cent, of the questionnaires were returned.

The Replies

Ninety-four per cent of those replying had visited patients at Salem Hospital; 78 per cent had had members of the family in the hospital at some time or other; and 60 per cent had themselves been patients in the hospital. The following are some of the replies:

Do you think, from what you know or hear, that Salem Hospital is efficiently operated? (Please be frank).

.....Yes — 99%

Would you go to Salem Hospital if you needed hospital care?

.....Yes — 94%

Would you be able, without sacrifice, to pay a hospital bill of, for example, $65.00?

.....Yes — 78%

Do you think that "special charges" for use of operating room, laboratory tests, x-ray, etc., are too high?

.....Yes — 35%

Do you believe that Salem Hospital is paid in full for the care of people on relief?

.....No — 96%

Do you think that *compulsory* health insurance to cover all medical *and* hospital service would be a good thing? Eventually?

.....No. — 53%

Now? .....No — 70%

A Grading of Opinion

Charges to hospital patients (who pay) are:

Exorbitant	1%
Too high	17%
Fair	52%
Reasonable	27%
Low	3%

Only 1 per cent thought nurses "hard boiled" and only 6 per cent thought them "indifferent". It was surprising to note that 20 per cent thought that trustees were paid. Twelve per cent thought that the nurses' training school was to take advantage of "apprentice labour". One third would continue to make paying patients pay in advance, while two-thirds would extend credit and then sue if necessary. If income prove inadequate, only seven per cent would cut expenses regardless of service standards.

Suggestions

About 35 per cent of the questionnaires returned contained suggestions in the space provided for this. With a good many favourable comments there were, too, numerous criticisms, most of which were directed against a long discarded method of billing, the "closed" staff (not many) and noise in the hospital.

The Result

As a result of this questionnaire, the hospital has been in an excellent position to assess local opinion and, of utmost importance, to concentrate public education upon those points of misunderstanding which so often undermine public confidence. As 90 per cent voted for an appeal to the public if more income were needed, the hospital felt justified in staging a financial campaign shortly afterwards. This was highly successful. Furthermore, the trustees received great encouragement in realizing that the community was so strongly behind the hospital—*the hospital with a program!*

* * *

This study is being described at greater length this month in Modern Hospital, to the editor of which, Mr. Alden Mills, and to Mr. Oliver Pratt, we are indebted for this opportunity of reporting a study which we have been following with great interest.

The Year that has Gone

1939 — a Year of Hospital Activity

By THE EDITOR

THE year just closed has been a momentous one for hospitals in many parts of the world. Every year seems to bring its modicum of progress and development, but some years, such as 1939, do seem to have unusual significance.

The War

First and foremost, of course, comes the war with its far-flung effects upon the hospitals and those who work therein. Polish hospitals suffered terribly; here in Canada we now have in our midst the director of a magnificent Warsaw hospital which is reported to have been completely demolished.

Early in the summer when the outbreak of hostilities became a probability, the hospitals in the larger centres of Great Britain made extensive preparations for the evacuation of their civilian patients and the preparation of bomb-proof shelters, equipped in some cases with operating and case room facilities. Later, as Nazi ruthlessness made hostilities unavoidable, the hospitals erected sandbag barricades, nurses were taught flame-fighting tactics, emergency stations were set up, gas masks were issued routinely, "blackout" problems were dealt with, emergency lighting and power arrangements were completed and exposed buildings were camouflaged. Extensive readjustments of medical, nursing and other personnel were found necessary as enlistments proceeded. Extensive co-operation was developed between governmental and voluntary agencies.

In Canada, the hospitals have not had to undergo anything like this preparation. Of more immediate concern has been the inability to get certain hospital commodities, the rise in prices (checked to a large extent by the Price Control Board) and the enlistment of many doctors, nurses and others. One commendable feature of the examination of soldiers has been the x-ray filming of all recruits. Hospitalization of the C.A.S.F. is being directed by the Department of National Defence.

Immediately upon the outbreak of war the Canadian Medical Association set up a National Medical Co-Operative Committee (N.M.C.C.) and undertook to obtain a complete analysis of the medical profession in Canada with respect to qualification, responsibilities, willingness to serve, etc. This study was almost completed by the end of the year. Committees have been set up in every military district to co-operate with the military authorities.

General Development in 1939

Canada. Of most widespread interest was the elaborate observance at Quebec of the 300th anniversary of the Hotel Dieu, the oldest existing hospital in the United States or Canada. For the second time in its history the American Hospital Association met in Canada. The meeting in Toronto in September drew a remarkable attendance, despite the outbreak of war, and constituted the greatest hospital gathering ever held in Canada. The International Hospital Congress, planned for the preceding week in Toronto, had to be cancelled after extensive preparations had been made.

The Canadian Hospital Council held its fifth biennial meeting at that time and completed much important business. The committee reports submitted at this time were unusually fine. No major hospital legislation was enacted during the year, although some revisions were announced. The most costly change to hospitals was the federal imposition of a special tax on tea and coffee, levied at the outbreak of war. All of the hospital associations had successful meetings during the year. A Canadian organization within the Catholic Hospital Association of the United States and Canada was formed by the Canadian Catholic Conferences.

New *construction* included several new hospitals: St. Vincent's at Vancouver; the Memorial Hospital at Inverness, C.B. (replacing the one destroyed by fire); Mercy Hospital, Toronto; Ontario (mental) Hospital at St. Thomas; Baie Comeau, Que.; Prince Rupert, B.C.; Mont-Joli, Que., and Gimli, Man. Additions were built at Fredericton, N.B.; Belleville, Ont.; Homoeopathic Hospital, Montreal; Welland; Rossland, B.C.; Brantford; St. Boniface, Man.; Mountain Sanatorium, Hamilton; Grace Hospital, Winnipeg; Tisdale, Sask.; Grey Nuns', Regina; Magdalen Islands; Penticton, B.C., and at Hotel-Dieu, Windsor, Ont.

In the field of *hospital economics*, the outstanding development was the Manitoba Hospital Service Association which experienced a most gratifying growth in its first year of operation. The Associated Medical Services, Inc., a non-profit plan in Ontario providing medical, hospital and nursing benefits, also showed steady growth. In Regina the Medical Services Inc., was set up during the year, the Regina Municipal Medical Benefit Association having been set up in 1938. A new hospitalization and sick benefit plan was announced in December for the Canadian employees of the International Harvester Company.

The refresher course in hospital administration of the Faculty of Nursing of the University of Toronto was enlarged to cover three weeks this year.

Great Britain. Aside from the war preparations mentioned above, one of the most noteworthy developments in the year was the setting up of a new plan for low income persons by the King Edward Hospital Fund of London. This plan gives full hospital maintenance with medical and specialist care as well as other benefits. The new Westminster Hospital in London is the latest hospital construction in Great Britain.

United States. Of most widespread concern have been the developments arising out of the National Health Program. During the year representatives of the American and other national hospital associations and of the American Medical Association

made representation to the federal government with respect to the proposed provisions of the Wagner Act and other federal legislation. There has been general agreement that hospital facilities should be extended to many areas now not adequately provided for and that maternal and other welfare movements should be fostered. It was strongly urged, however, that in the setting up of more hospitals and more welfare facilities, the existence in the field of voluntary agencies should be considered and new developments undertaken only after careful survey. Government assistance is greatly welcomed, but this assistance should not jeopardize the continuance of worthy voluntary institutions nor should it be impregnated with political control.

In the field of hospital care plans, much progress was made by the general plans. The approval of plans by the American Hospital Association has done much to eliminate the actuarially unsound and the profit type of plan. A research service supported by the plans and under the Council on Hospital Service Plans of the American Hospital Association was set up to analyse financial and statistical returns and to make studies of comparable financial and actuarial experiences. The much publicised suit by the federal government against the American Medical Association for alleged interference with the participation of doctors and hospitals in a Washington, D.C., insurance scheme resulted, first, in a federal grand jury indictment of the American Medical Association and then in the quashing of this indictment on an appeal.

Abroad. During the past year the most extensive hospital construction was in Latin America. Excellent, up-to-date hospitals were erected at Buenos Aires, Rio de Janeiro, Lima, Sao Paulo, Caracas, Havana and other places. An unusual 600-bed hospital, the Louis Pasteur Hospital, was built at Colmar, France. The main building is placed diagonally across a square site, the other corners being occupied by other buildings, the administration unit being in the front and the tuberculosis building in the rear. The main building of five storeys is divided vertically rather than horizontally into services. This is an acceptance of the viewpoint held for many years on this continent that vertical transportation is more desirable than horizontal. A very fine new hospital, medical school and other buildings necessary for a complete medical centre were opened at Jerusalem. New hospital buildings were erected also at Beirut.

In New Zealand the all inclusive health insurance plan which was to provide medical, hospital and other benefits has been delayed, owing to the practical refusal of the medical profession to participate in the plan under the provisions made. Apparently the economic factors in the plan were based largely on experiences in Great Britain without due consideration of the modifications required for application in New Zealand.

New Hospital at Inverness Nova Scotia, Dedicated

The Inverness County Memorial Hospital in Cape Breton, destroyed by fire last February, has been replaced by a complete new structure. This was formally opened and dedicated in December. It was a considerable effort for this mining community to construct the original hospital sixteen years ago and to make the extensive enlargement a decade ago, and by great effort the whole structure was replaced with many improvements during this past year.

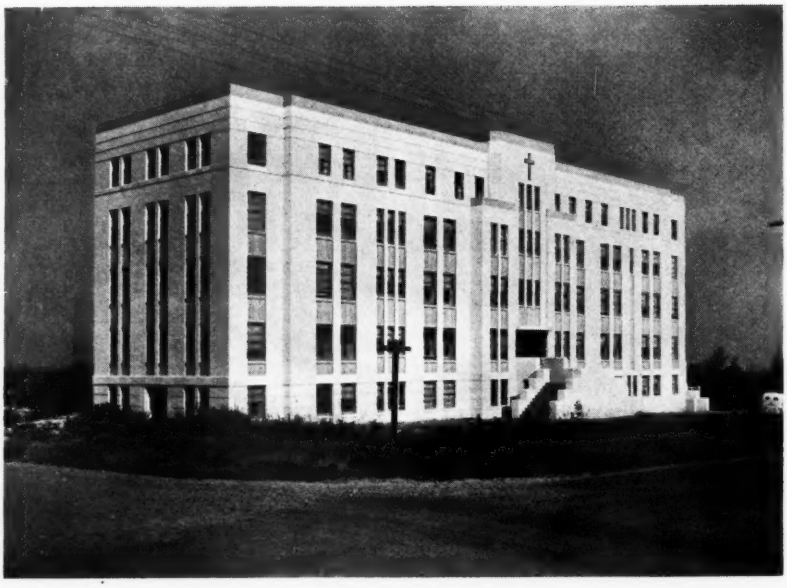
After the dedicatory service a guard of honour of the Great War Veterans in Inverness County was formed. Rev. H. G. Wright, secretary of the hospital board and 1st vice-president of the Canadian Hospital Council, presided. Others participating in the ceremony were: Rev. John Nute of East Lake Ainslee, Sergeant (Reverend) R. A. Ross, Rev. John Jarvie, Mr. F. W. Smith, chairman of the building committee, St. Matthew's church choir, and Rev. J. A. MacLean, president of the hospital board.

At the banquet that evening at which Mr. Wright was toastmaster, the toast to the returned soldiers was proposed by Mr. A. H. McKinnon with a response by John C. MacDougall; the toast to our fighting forces was proposed by Donald MacLellan and responded to by Lt.-Col. S. McKay Fraser; to the province by Mr. J. B. Henderson with response by Hon. M. E. McGarry; to the Nova Scotia hospitals by Rev. Father MacIsaac with response by Dr. J. A. Proudfoot; to the medical and nursing professions by Rev. John Nute with response by the Hon. Dr. McGarry and Miss J. M. Woodbury, superintendent; to the town and county by Mr. J. D. MacDougall with response by Mayor Dr. H. A. Ratchford and Councillor R. D. MacLean; and to the Women's Hospital Auxiliary by Mr. A. A. MacMillan, hospital president, with a response by Mrs. A. D. MacLean.

The re-built Inverness County Memorial Hospital.

ST. VINCENT'S HOSPITAL

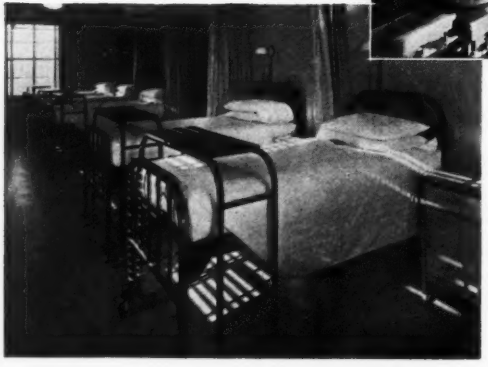
An Acquisition to Vancouver

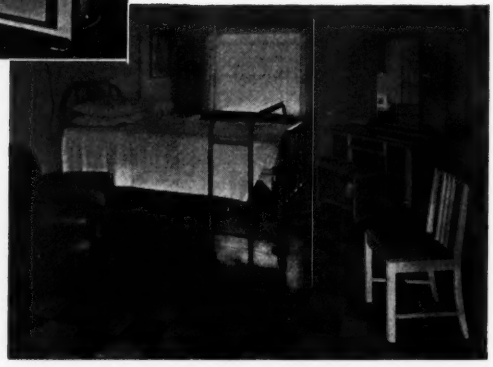


THE new St. Vincent's Hospital, on the slope of Little Mountain in the suburbs of Vancouver, is one of Canada's newest and finest hospitals. This beautiful white building, visible for many miles, is a five-storey structure of 103 beds and is the first section of a three-wing building to be completed at some future date. The hospital is operated by the Sisters of Charity of the Immaculate Conception, with Sister Mary Ruth as Sister Superior and Sister Camillus as Director of Nursing Services. The Hospital is well equipped with fine radiological and laboratory equipment, an excellent operating suite and obstetrical case rooms. The rooms are unusually well furnished.

The x-ray department is on the ground floor with its own special entrance. The main floor houses the men's wards and some of the private rooms as well as the business and school of nursing offices. On the second floor are the women's wards, other private rooms and the chapel. The operating rooms, case rooms and the maternity section are on the third floor, while the fourth floor is reserved for the Sisters, for the obstetrical department and a portion of the maternity division. Gardiner and Mercer were the architects.

The new building is entirely fireproof and covers an actual area of 173 feet by forty-one feet six inches. Heating is by the Dunham vacuum heating system with concealed radiators. The cost was approximately $250,000.





Above:
Corner of Kitchens.

Left:
A 6-bed Ward.

Right:
Private Room.

New X-ray at Crippled Children's Hospital, Vancouver

A $5,000 expenditure is to be made on improvements and equipment at the Crippled Children's Hospital, Vancouver, to provide an x-ray department. The architect is William F. Gardiner.

No man ever sank under the burden of the day. It is when to-morrow's burden is added to the burden of to-day, that the weight is more than a man can bear.

—George MacDonald.

The Tuberculous Patient in the General Hospital Requires Special Nursing

By RHODA L. SMITH, R.N.,

THE nursing of tuberculous patients in a general hospital will probably be necessary from time to time for some time to come. It will occur both because tuberculous patients will be found in the wards, and, in this province, because the Saskatchewan Anti-Tuberculosis League will require beds for their overflow of patients.

The presence of such patients, particularly if they are open cases, creates a problem in hospital administration and also gives an opportunity for the hospital to teach something about the disease.

It is being recognized more and more that there is a definite hazard in the nursing of tuberculous patients and especially so for the non-infected nurse. It is, therefore, essential that she have at her disposal everything that is necessary to protect her. This means that she must be taught isolation technique.

Technique

Tuberculous patients should be in separate rooms or separate wards out of contact with non-tuberculous patients.

The essentials necessary are:

1. Instructions to patient and nurse;
2. Facilities for washing and scrubbing hands;
3. Use of protective coverings.

The most important detail in preventing infection is the control of the *cough* and disposal of *sputum*. The patient should be instructed to cover the mouth and nose when coughing and sneezing, with paper wipes of sufficient size to cover both mouth and nose without contaminating the hands. This paper should be used only once and then placed in a large paper bag attached to the side of the bed.

For sputum, cardboard cups with cardboard covers in a metal container should be used. These cups should be changed daily. They should be partially filled with sawdust to absorb the moisture and finally wrapped in several thicknesses of newspaper before disposal in incinerator.

Even though the patient be taught precautions, he sometimes fails to follow them and the spray from coughing thus allowed to be admitted to adjacent areas; therefore, care should be taken in handling all equipment in the room. Cups, basins and bed pans should be sterilized. Patients' hands should be kept from the mouth to avoid the later transference of infection to articles in the room. Nurse's hands should be kept from her face to avoid getting infection. We must not forget that, although the disposal of sputum and control of cough are most important, infection is also indirectly spread by fomites.

The nurses' hands should be thoroughly and frequently washed and scrubbed with soap and warm running water. The foot and arm taps are the most satisfactory types for this purpose.

For protective coverings, gowns are worn over uniforms and masks are worn when the patient is careless, or too ill to observe the precautionary measures, and when feeding patients.

General Observations

It does not seem necessary to observe strict technique with cases of pleural effusion or other forms of closed tuberculosis such as that of the hip joint, but the patient who has much cough or explosive cough needs close supervision and disciplining.

It is essential that the linen from such patients be sent to the laundry separately.

Dishes, if there is no sterilizer, should be boiled.

The blankets should be washed and placed in sunlight. They should receive one hour of direct rays on each side. Mattresses should be exposed to sunlight and pillows sterilized in the autoclave.

Tuberculous patients require much the same bedside nursing care as other medical and surgical cases. Procedures should be arranged to interfere as little as possible with the rest periods. When on exercise, the bath tub may be used if well scoured afterward. The toilet may be used also, but if there be discharging wounds, protective coverings should be used. Individual wash basins are necessary. In this province, the nurse in a general hospital would not have the opportunity of carrying out the procedures incidental to chest surgery; this is done in the sanatoria. She should learn the procedures involved in pneumo-thorax treatment and in the care of haemorrhage cases, and the methods of giving G. U. V. R. treatment and heliotheraphy.

It is her duty to see that the patient observes the rest periods and that she does not exceed her privilege when assigned exercise.

The instructor should, together with teaching the procedures, give the nurse an appreciation of the value of rest, food and fresh air. She should emphasize responsibility which the patient as well as herself should take for the prevention of the spread of the disease and that undisturbed rest and a disciplinary life are necessities for the treatment of and recovery from tuberculosis.

In the nursing of tuberculous patients the *protection of the nurse* is of major importance. This protection is afforded by:—

1. Discovery of undeclared cases.
2. Efficient nursing technique.
3. Teaching the fundamentals of tuberculosis prevention.
4. Teaching the nurse the necessity of maintaining her bodily resistance by regular meals, hours and rest.
5. Routine sensitivity test of the nursing staff.

Miss Rhoda Smith is Superintendent of Nurses at the Saskatoon Sanatorium. Address at the the 1939 Saskatchewan Hospital Association Convention.

Obiter Dicta

The Common Cause — Now and Afterward

ONE of the most welcome periodicals to reach our desk is a little quarterly "Historical Bulletin" published privately by a group of physicians in Calgary whose monthly "Historical Nights" have become famous across the continent. This little bulletin is not only replete with original and abstracted historical researches but obviously reflects the fine literary tastes of its contributors. In the last issue we were particularly impressed by some observations on "The Common Cause—now and afterward".

"It is hard to talk about war with coherency and reason." We must keep a firm grip on principles and underlying truths; this is our supreme task as individuals at this time. We must do better than we did last time. "It would have been well if at the end of the last war the high ideals which were put forth at the beginning of the struggle had been reaffirmed with the moral force with which they had been charged at the beginning of the struggle". Cynicism followed disillusionment and moral indifference lapsed into despair. We must rise above this moral weariness. Have we the moral capacity to make a good peace? "To deal with disruptive force there must be, as well as bravery in arms, understanding and moral courage".

In this connection, the article points out, the Poet Laureate, Doctor Robert Bridges, during the last war compiled an anthology entitled "The Spirit of Man" as an antidote to the lower spirit of man so evident in war. With that rare quality of timelessness, it expresses a courageous faith in man. It is fully applicable to-day.

Bridges' central theme is as magnificent as when he expressed it twenty odd years ago:

" 'The main implication is essential, namely, that spirituality is the basis and foundation of human life—rather than the apex and achievement of it. It must underlie everything. To put it briefly, man is a spiritual being, and the proper work of his mind is to interpret the world according to his higher nature, and to conquer the material aspects of the world so as to bring them into subjection to the spirit'."

" 'Common diversions divert us no longer; our habits and thoughts are searched by the glare of the *conviction* that man's life is not the ease that a peace-loving generation has found it or thought to make it, but the awful conflict with evil which philosophers and saints have depicted . . . .'

" 'We may see that our national follies and sins have deserved punishment . . . (but we) can take hope in contrition, and in the brave endurance of sufferings that should chasten our intention and conduct; we can even be grateful for the discipline; but beyond this it is offered us to take joy in the thought that our country is called of God to stand for the truth of man's hope, and that it has not shrunk from the call. Here we stand upright, and above reproach; and to show ourselves worthy will be more than consolation; for truly it is the hope of man's great desire, the desire for brotherhood and universal peace to men of good-will, that is at stake in this struggle'."

In those accents, comments the contributor (E. P. Scarlett), speaks the voice of the best in the spirit of man. There could be no better statement of our common cause.

On the Selection of Trustees

IT is at this time of year that many hospitals hold their annual meetings. Vacancies on the board of trustees must be filled. By what criteria should trustees be selected?

Trusteeship should not be lightly undertaken. The responsibility is a serious one, not only from the viewpoint of finance but from the still more vital one of professional service to the sick. Nor can the task of the trustee be learnt in a few weeks, or even months. Running a hospital is such a complex undertaking and involves so many factors that only after several years of observation and study can the trustee attain his maximum worth to his hospital.

Our hospitals need trustees who, primarily, are *workers.* A properly organized board needs many committees and there is ample work to be done to keep everyone busy. For diplomatic and fund-raising purposes, the inclusion of an occasional appointee too busy to do much more than lend the prestige of his name may be warranted, but such appointments should be kept to the minimum; enthusiastic workers are the real need. Trustees should have plenty of *enthusiasm.* Nothing kills the spirit of a board like apathy; boring from within, it soon destroys the initiative of the whole board. Sometimes a prominent and perhaps wealthy citizen is urged to join a hospital board despite his protestations of complete lack of interest. It is contended that, if he can be made interested, his energy, and perhaps wealth, would be a great asset to the hospital. Here considerable judgment must be exercised. He may

indeed become interested and a real asset, but, unless there is some more justification for this hope than wishful thinking, that place might better be taken by some less favoured but more enthusiastic individual.

Trustees should represent *major community interests.* Capital, labour, higher education and the municipality should have a voice. The appointment of a representative of the Women's Auxiliary is well worth while. A medical member, who is a representative of the medical staff as a whole and does not speak for himself alone, is a real asset to the board; in at least one large province such an arrangement is required by provincial regulation. Municipal representatives or municipally appointed boards are frequently a source of much headache, but not necessarily so. Some of the most conscientious and best informed trustees in this country have been municipal representatives. It is the responsibility of the municipal authorities and of the people behind them to see that only the most level headed and conscientious individuals are placed on hospital boards. The hospital board should never degenerate, like the board of education in so many places, to becoming a stepping stone to other municipal offices.

Team work is another essential. Lone wolves may get along in other activities, but they have no place in the hospital field. There must be team work within the board, with the medical staff and other personnel and with the boards of other hospitals. Finally, trustees must be men and women with *vision*—people who can see beyond the balance sheet and the hospital entrance and visualize the broader community needs—visualize what the ideal hospital could do for the sick of all types and of all classes—and then hitch their hospital to that star.

"Doctor John" Ferguson

THE recent death, in his ninetieth year, of the "grand old man" of the hospital field has left a gap that will long be vacant. His contributions to medical and hospital progress are mentioned elsewhere in this issue (p. 34); these alone would warrant our deepest respect and gratitude. But Doctor Ferguson's greatest contribution to the lives of his associates was the all-pervading atmosphere of culture and of learning which surrounded him like a halo and was so inspiring to all with whom he came in contact. "Doctor John" has long been honoured as probably the most widely read and well educated individual in the medical profession in this country. He was recognized as one of Canada's greatest classicists; history and biography were especial delights; he read easily in five languages. His many addresses and even his impromptu remarks at hospital and medical meetings were veritable gems of accurate and precise statement and of literary embellishment.

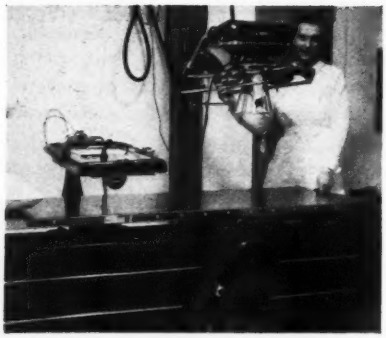
We need more men and women of this type—people who can rise to heights in their own chosen field and yet so maintain their breadth of interest that the great panorama of literature, of the arts and of all that is worthwhile in civilization becomes an integral part of their domain. It was just this breadth of vision and this thirst for cultural knowledge that were so eloquently urged by his old friend, Principal Malcolm Wallace of University College, in his fine banquet address at the Toronto meeting of the American College of Hospital Administrators on "Education in a Practical World".

It was the privilege of the Editor to know this little giant, first as a student, then as an intern and for many years as a close friend. Never have we met a person whose thoughts seemed so filled to overflowing with the essence of the greatest minds of the ages. On one occasion he revealed how he developed such a vast store of knowledge. For well over half a century it was his practice to rise at six in the morning and devote that first precious hour before the household arose to the world's best literature. In the summer a stroll along the still deserted streets, in the winter a chair by the fireside—year in and year out the greatest passages penned by man were studied, and, in large part, memorized. The world of to-day is in sore need of more people like "Doctor John" Ferguson.

Detrimental Publicity

ANOTHER evidence of the necessity for carefully weighing factors in giving publicity to a report was evidenced last month, when in Toronto it was reported that the Riverdale Isolation Hospital, a municipal institution, had failed to collect some $114,000 from patients during the last three years. It was claimed that, in a number of instances, the patients were in a position to pay part or all of their account.

The newspapers were free in their expressions of righteous indignation over this apparent lack of business acumen on the part of a municipal institution, and the municipal health officer came in for some severe criticism. Although not given anything like the same publicity, the health officer and his staff were able to prove that every possible effort, short of going to law and inflicting actual hardship upon individuals, had been made to collect these accounts. The vast majority of them were incurred by people on relief or by those who were just coming off relief, or who in various ways simply did not have the funds. It is not generally realized that a municipal institution faces a difficulty not so manifest in a non-municipal institution, namely, the indignation of the public, quickly fanned by the press, when a municipal body puts legal or other pressure upon persons in straightened circumstances. When explanations were made and cases in point analysed, the whole matter was smoothed over very quickly and a basis laid for much closer co-operation than in the past being established between the departments of welfare and of health. In that sense some useful purpose was served by this investigation, but the unfortunate feature was that these explanations will never get through to the public and there will remain for a long time a weakened confidence in municipal administration. A year or two ago when the voluntary public hospitals were seeking further municipal assistance to finance their care of indigents, voluntary institutions in general were criticized on more than one occasion for alleged, though unproved, unbusinesslike methods. Now, even though it does not fit any better, the shoe is on the other foot.



The New Cancer Clinic at the Regina Grey Nuns' Hospital

Excellent Equipment Made Available

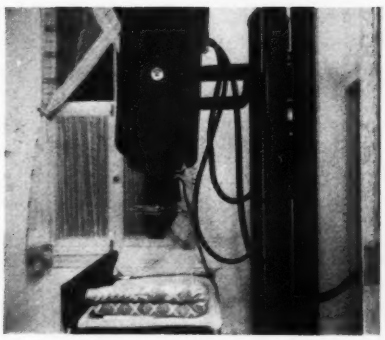
WITH the completion of the new 40-bed provincial cancer clinic at the Regina Grey Nuns' Hospital, Saskatchewan has taken another great stride in the reduction of cancer mortality. Saskatchewan is well known all over the continent for its dramatically successful battle against tuberculosis. Now it has set as its ideal the free treatment of cancer. The first step in that direction was the establishment of a cancer commission in 1930. Since 1932 two provincial cancer clinics have been operated, one at Saskatoon City Hospital, the other at the Regina General Hospital. The transference of the Regina clinic to the Grey Nuns' Hospital necessitated the building of a new wing to house the clinic.

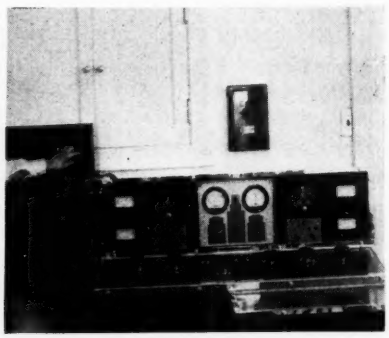
The new clinic was built at a cost of $50,000, and will accommodate forty beds. The ground floor of the 4-storey building is occupied by the radiological department, the clinic proper is on the second floor and the third and fourth floors are for patients, the men being on the third floor and the women on the fourth floor. Each of these floors has four 5-bed wards and each has a kitchen and adequate utility services. The radiological department is fully equipped with the latest equipment, the Picker gastric tilt table is completely shock proof and is equipped with a spot film device, a rotating double focus anode tube (Macklett) and a high speed bucky diaphragm. There is also a Kelleket gastric tilt table with a slow speed bucky and a double focus stationary anode tube. For therapy there is a Maximar 220,000 volt machine and a Picker-Waite 400,000 volt tube therapy machine with two ports. Dr. A. E. Perry is radiologist for both the clinic and the hospital and Dr. A. W. Blair is the radio-therapist.

The clinic proper, which is under the direction of Dr. H. C. George, consists of two treatment rooms, two examination rooms, a small surgery, a consultation room and the doctors' offices.

Dr. R. O. Davison, chairman of the cancer commission, presided at the formal opening of the clinic, which took place late in November, and the list of speakers included Premier W. J. Patterson, Hon. A. P. McNab, Lieutenant-Governor of Saskatchewan, His Excellency Archbishop Monahan; Dr. H. C. George, vice-chairman of the Saskatchewan division of the Society for the Control of Cancer and director of the Regina cancer clinic, Hon. J. M. Uhrich, Minister of Public Health, Hon. Mr. Justice P. M. Anderson, and Mayor A. C. Ellison.

1. *The Cancer Clinic.*
2. *The waiting room.*
3. *A corridor.*
4. *Shock-proof Picker gastric tilt table.*
5. *Maximar—220,000 volts.*
6. *400,000 deep therapy; two ports.*
7. *400,000 volt Picker-Waite control stand.*





Alberta Hospital Employees who Enlist to Have Positions Protected

AT the joint convention of the Alberta Hospital Association and the Alberta Municipal Hospital Association, held in Edmonton on November 20th and 21st, it was agreed by the representatives of the forty institutions present that all hospital employees, including graduate nurses, who enlist for service with military forces should be given full protection in their employment after the war. The meetings were under the joint chairmanship of Mr. Thomas Cox of Edmonton, President of the Alberta Hospital Association and Mr. J. McD. Taylor of Hanna, President of the Alberta Municipal Hospital Association.

Among the papers presented were ones on "The effect of military enlistment on hospital staffs", by Mr. L. Wilson; "Laundry problems and costs", by Mr. E. R. Knight; "Cancer admission", by Dr. G. H. Malcomson; "The dietetic treatment of diabetes", by Miss M. Drew; "Protection of the hospital account on admission", by Mr Gallant; the "Sick nurse", by Miss H Peters; on "Tuberculosis among nurses", Dr. A. H. Baker; "Foot troubles among nurses", Dr. C. Huckell; "Dermatitis among nurses", Dr. Harold Orr, and the "Training of nurses" in Alberta, by Miss Agnes Macleod. Other short papers given were ones on "Hospital purchasing", by Mr. F. Heathcote; "The hospital supply industry", Mr. J. H. Manes; "Recent improvements in sterilizing equipment", by Mr. B. Ebers; "New ideas in hospital construction", Mr. G. H. MacDonald. Mr. James Barnes spoke on "Responsibilities of local authorities" and Mr. W. A. Shoults on "Hospital returns and statistics". The Round Table Conference on "Plant Maintenance" was led by Mr. Vernon Pearson and the conference on legislative and financial matters by Mr. Nels Buchannan.

Committee reports were given by Dr. A. E. Archer, Mr. C. P. Christensen, Dr. Anderson and Rev. Sister Beatrice. Brief addresses were given by Dr. W. W. Cross, Minister of Health and Dr. M. R. Bow, Deputy Minister.

Among the resolutions passed by the Alberta Hospital Association were ones: requesting the government to pay the full amount of the authorized fifty cents per diem grant and to pay this in monthly rather than semi-annual installments; endorsing the proposal of the College of Physicians and Surgeons to establish a fund administered by the Workmen's Compensation Board for the payment of doctors and hospitals for motor accidents; approving the suggestion of the Canadian Hospital Council that provincial associations have committees somewhat parallel to those of the Canadian Hospital Council; agreeing to endeavour to hold the next convention on a date in sequence with those already established by other western hospital associations in order to take advantage of the presence of visiting guest speakers; and requesting that the legislation limiting the liability of municipal authorities to two hundred dollars for the care of an indigent person in any one year be amended and recommending that the Hospitals Act be amended to make the provisions of the act override conflicting provisions in other acts.

In order to provide the necessary funds to enable the association to make an adequate annual contribution to the Canadian Hospital Council for the national work, it was agreed that the scale of membership dues be revised.

The following officers were elected: Hon. President, Hon. Dr. W. W. Cross; President, E. R. Knight, Calgary; Vice-president, J. A. Montgomery, Edmonton; Secretary-treasurer, Frank Swain, High River; Executive Members: E. E. Dutton, Lethbridge; J. M. Findlay, Red Deer; D. Edwards, Olds; J. Barnes, Calgary; and L. Wilson, Drumheller.

Montreal Hospitals Benefit by Will of Blind Philanthropist

Montreal Hospitals were generously remembered by the late Sir Charles Lindsay, who left the bulk of his huge fortune to charity. The largest single legacy (close to $500,000) was that left to the Montreal Convalescent Hospital, which was his greatest philanthropic interest. Besides this legacy the hospital received a cash bequest of $100,000. The Montreal General Hospital, Verdun Protestant Hospital, Royal Victoria Hospital and the Grace Dart Home also received legacies of $300,000 as well as cash bequests. Legacies of $90,000, and cash bequests were left also to the Children's Memorial Hospital, the Royal Edward Institute and the Laurentian Sanatorium. Cash bequests were also named for Alexandra Hospital, the Hotel Dieu, Julius Richardson Convalescent Home, the Muskoka Hospital for Consumptives, Notre Dame Hospital and the Sacred Heart Hospital.

The will made clear that the revenue from the legacies to the hospitals should be applied towards the benefit of the sick poor in the public wards, and that if any of the capital sums were used for the erection of hospital buildings they should be designed to meet the requirements of public wards and be used exclusively as such. The Montreal Convalescent Hospital was the one exception; since it is a new institution the capital was to be used "chiefly or principally" for public wards.

Manitoba Hospital Care Plan Completes Year of Service

After a year of operation, the Manitoba Hospital Service Association has 391 firms enrolled, and 20,396 participants. During the week of its first anniversary the 1,000th patient to receive benefits under the plan was discharged from hospital.

Western Cancer Foundation Receives Gift

The British Columbia Cancer Foundation, which is in the midst of a campaign for funds for new equipment, received a gift of property worth $65,000 from the estate of the late Edward Disney Farmer.

The Round Table Forum

15. Should the Nursing or the Dietary Staff be Responsible for Special Diets?

Doris P. Fosbrooke, B.Sc., Dietitian, Saint John General Hospital, New Brunswick.

THE dietary staff should be responsible for the special diets. A dietitian who has specialized in this type of work should have greater knowledge and experience of dietary treatment and be more able to cope with the everyday problems.

We use a central service system for serving our special diets. They are prepared by student nurses under the supervision of a dietitian who visits the patients. All trays are checked by the dietitian before they leave the kitchen. We find this system most satisfactory.

Harriet T. Meiklejohn, R.R.C., B.A., Superintendent, Women's College Hospital, Toronto, Ontario.

In my experience I think the patient is best served if the Dietary staff is responsible for everything in the matter of foods. I have found that a combination of nurse-dietitian is a very good one for a hospital service and I do believe that the Dietary Department should be responsible for the delivery of the food tray to the patient's bedside, and that the Nursing Staff on the floors should be responsible for observing and reporting on the consumption of food by the patient, the results obtained, and the return of the patients' trays to the source of supply. I have also found that the nurse-dietitian has an understanding approach to the patient.

Rev. Sister Coderre, Dietitian, Notre-Dame Hospital, Montreal.

The dietary staff is undoubtedly fully responsible for all special diets prepared. The nursing staff is only indirectly responsible, since it is the duty of the dietary staff to prepare, as prescribed, all special diets, and to assume the responsibility of its distribution to the patients.

The Superintendent of the dietary staff, or her assistant, should make it her duty to visit daily all patients for whom special diets have been prescribed, in order to obtain their full co-operation; while visiting the patients, any useful observation or information should be obtained from the nursing staff.

The dietitian should, of course, be notified immediately, in the event of an accident or of an undue reaction on the part of the patient, or in case a new treatment has been prescribed for the patient, necessitating the changing of the diet.

Dorothy F. Burroughs, B.H.Sc., Dietitian-in-Chief, Saskatoon City Hospital, Saskatchewan.

It is on the hospital dietary staff, highly trained in the field of dietetics, that the primary responsibility of the special diets now falls. In close co-operation with the nursing staff, the student nurse must be encouraged to assume her responsibility in the dietary treatment, but responsible to the dietitian for this phase of the patient's treatment.

Central service allows ready supervision of the preparation and serving by the dietary department—indirect service may make this more difficult. In any case, the final responsibility for special diets should be that of the dietary department.

Beatrice O. Young, R.N., Superintendent of Nurses, Metropolitan General Hospital, Windsor, Ontario.

It is my opinion that the dietary staff should assume the responsibility of special diets. The dietitians are specially trained for this work, and will prepare them more efficiently.

Direct service minimizes the possibility of error which might occur if the trays were served from the floors, and ensures the patient of a meal well served.

During visits the Dietitian can more easily discuss the diet and instruct the patient regarding subsequent preparation of meals particularly suited to his individual requirements.

Lilly Johnson, Dietitian, St. Boniface Hospital, St. Boniface, Manitoba.

All special diets, if possible, should be prepared and served by a dietary staff, because this staff has specialized in the one particular field and therefore is more efficient. The nursing staff have sufficient ward duties, so should be relieved of this added responsibility, although the student nurse should receive in the dietary department some practical training in special diets. A combination of nursing and dietary staff may prove efficient, but for optimum results the dietary staff should be given the entire responsibility.

Question for Next Month:

To What Extent Should the Hospital Loan or Furnish Supplies or Equipment to its Medical Staff?

Distribution of Medical Care and Public Health Services Analysed in Valuable Report

THAT health conditions in Canada must be viewed with grave concern is one of the leading conclusions of a special committee on public health and medical service of the National Committee for Mental Hygiene in Canada. This report, embodying the observations of a study of two years or more duration, has just been issued by the National Committee with headquarters at 111 St. George St., Toronto.

The Committee found that health conditions vary considerably in different parts of Canada and is of the opinion that there does not appear to be any good reason why relatively more people should die in one province than in another. The infant mortality is much higher in some parts of Canada than in others. It is a serious reflection upon Canadians that the lives of Canadian mothers are needlessly jeopardized because adequate medical care is not readily available to all.

The Committee is much impressed by the appalling situation that many Canadians suffer and die from diseases that could be prevented and controlled. Not until more beds are provided in the Province of Quebec and the Maritime provinces will their comparatively high incidence of tuberculosis be reduced. We require 8,600 additional beds for mental patients. The outstanding weakness in our public health services is that with the exception of those in the provinces of Quebec and Prince Edward Island, the rural areas of Canada are insufficiently served by full time health units.

The study found that 25% of Canadians are in families where the family income is less than $950 a year. Sixty-five per cent of the population are in families with an income of between $950 and $2,950 per annum. The total cost of medical, dental and nursing services is approximately $19 per person. Of this $90,000,000 is for professional services—doctors, dentists, nurses, etc.; $50,000,000 represents hospital costs; $50,000,000 is spent on drugs in retail stores of which $33,000,000 is for patent medicines and compounds. Only $12,000,000 is spent on public health, including sanitation.

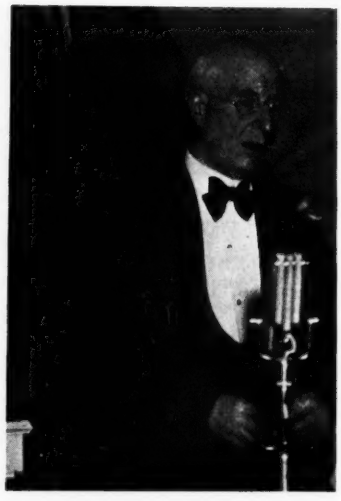
Medical Distribution

Doctors, dentists and nurses are unevenly distributed throughout the country. The Committee was impressed with the municipal physician plan as developed in the west. Although taking the viewpoint that changes in our present system should be made in order to meet requirements not now adequately met, the committee takes the viewpoint that for the present we should rely chiefly upon local initiative rather than upon some system imposed from above upon the local area. However, when a local area lacks the financial resources to meet the cost of required services, the local government should have the necessary financial assistance made available through the provincial government. What is urgently required at the present time is the exploration of plans and the experimental application of well-conceived systems in order to reveal what best meets the varying needs of the different parts of Canada.

This report is not a complete study of the health situation in Canada for many of the factors in the health of the people and in provision for their welfare have not been taken up. Very little is said about hospital provision or the organizations at work in Canada which are steadily improving our hospital arrangements. As a matter of fact, the hospital situation in Canada is very well handled and we have perhaps the finest hospital system in the world. The report, however, is an excellent summary of the two phases of our health problem which have been taken up by the Committee and is well worthy of careful study.

Complimentary Dinner to Dr. Langrill

Dr. Walter F. Langrill, recently retired superintendent of the Hamilton General Hospital, was tendered a complimentary dinner at the Royal Connaught Hotel by the medical profession of Hamilton. Dr. O. W. Niemeier presided and laudatory addresses were delivered by Mr. W. H. Cooper, Chairman of the Board of Hospital Governors, Mayor William Morrison, Dr. A. B. Whytock of



Dr. Walter F. Langrill

Niagara Falls, President-elect of the Ontario Medical Association, and Dr. G. Harvey Agnew of Toronto, representing the Canadian Medical Association and the Canadian Hospital Council. In his address Dr. Langrill reviewed the many changes that have taken place in the hospital field during the past thirty-four years. His reminiscence drew many a laugh from his colleagues as he sketched lightly the great developments during his years of contact with the hospital field. At the conclusion of the banquet, Dr. J. P. Morton presented the latest edition of the Encyclopaedia Britannica to Dr. Langrill. Among those in attendance were former interns, many of whom had come considerable distances to pay honour to their former chief.

We rather like that new salutation by Der Fuehrer, "Heil Scuttler!"

Carl Flath Leaves for U.S.A.

The Canadian hospital field has suffered a distinct loss in the departure of Mr. Carl Flath, former superintendent of the Wellesley Hospital, Toronto, to become Assistant Director of the Michigan Society for Group Hospitalization, with headquarters in the Washington Boulevard Building in Detroit. During his career as a hospital administrator in Canada Mr. Flath had made for himself a very enviable reputation. He was a member of the editorial board of The Canadian Hospital and made many contributions to these columns. He was Secretary of the Toronto Hospital Council and was also Secretary of the Toronto Committee on Arrangements for the American Hospital Association convention and the International Congress in September, in which capacity he was of outstanding service in effecting the excellent arrangements made for the big convention. Mr. Flath at the present time is president of the Alumnae of the Chicago Institutes on Hospital Administration. He was recently elected a member of the American College of Hospital Administrators.

Mr. Flath's combined training as newspaperman, business executive and as administrator will stand him in good stead in his association with Mr. John Mannix in the direction of the hospital service plan for the state of Michigan. We anticipate a brilliant career for Mr. Flath and hope that his services will not be entirely lost to the hospital field.

Carl. I. Flath

Canadian Hospital Council Bulletins

There has been some delay in the distribution of the study committee bulletins presented at the last meeting of the Canadian Hospital Council. This has been due in part to the necessity of making revisions or additions to certain of the bulletins, as requested by the Council and due in part to the lengthy illness of Miss Anne MacLachlan, assistant to the Secretary, who took ill shortly after the September meeting. Most of the bulletins are now printed or in the printers' hands, so early distribution may be anticipated. We are glad to report that Miss MacLachlan has made an excellent recovery and returned to work at the New Year.

C.H.C. Delegates Travelling Pool

As has been customary at all Canadian Hospital Council meetings, the travelling expenses of the official association delegates were "pooled" at the last meeting, in order to assure equitable financial cost to all associations. There was some delay in obtaining all travelling expense accounts this year, the last being received during Christmas week. The average was determined at once and a statement submitted to the debtor associations. Cheques are now being received for the difference between the actual travelling expenses and the pool average. Upon receipt of the amounts necessary, this sum will be apportioned to the creditor associations.

Community Hospital Opened in Quebec

The new Barrie Memorial Hospital at Ormstown, Que., was opened to the public early in December. The 12-bed hospital is a converted private residence with laboratory, x-ray and operating room facilities. The hospital is a memorial to Miss Margaret Barrie, who left a legacy of $11,000 to initiate a campaign for a hospital. Citizens of the community raised $22,000 and the provincial government granted $5,000 for the hospital.

Miss C. Sillars, formerly superintendent of the Montreal Children's Hospital, is in charge of the hospital.

Here and There in the Hospital Field

By THE EDITOR

Socialized Medicine in Cape Breton

STARTED with a membership of eight hundred families, an organization has been set up in Johnstown and neighbouring communities in Richmond County whereby participating families are entitled to one free visit by the doctor and free consultations at his office. Second and subsequent house visits by the physician will be at the rate of two dollars plus ten cents a mile for one way distance. The fee for this service is five dollars per year for the family. Surgical fees are not included nor are hospital charges, although an effort is being made to obtain a reduction in charges. Johnstown is some fifty miles from the nearest hospital facilities at Sydney.

* * *

Making Publicity Attractive

Hospital administrators, trustees, doctors and others are frequently urged to take the opportunity of speaking to service clubs and other organizations whenever possible in order to stimulate greater public interest in the work of the hospital. Recently Portage La Prairie went one better when the lady technician in the physiological laboratory, Miss Beth Thompson, addressed the Young Men's Progressive Club on the contribution of the laboratory to modern medicine.

* * *

Baby Golf

We heard the other day of an obstetrical patient who didn't quite make the hospital, the new arrival giving its first yell on the hospital lawn. In due course the husband, an ardent golfer, received the account, which he discovered, to his surprise, included a case room charge. Not knowing of the subsequent work done in the case room, he went right to his friend the administrator and demanded that the error be corrected. Obliging, as always, the superintendent changed the "case room" entry to "greens fee".

Reliefee Insurance Plan Stopped Unauthorized Use of Federal Funds

Municipal officials at Langley Prairie, B.C., have been advised by the provincial and dominion governments to discontinue a health insurance plan for relief recipients.

By this plan the head of each family on relief contributed one dollar a month from his allowance, the total sum being divided by the municipal authorities among the doctors as part payment for their professional services to these families. As the relief funds are contributed in part by the federal government and as the dominion contends, under the prevailing interpretation of the B.N.A. Act, that medical and hospital costs are the responsibility of the province and the municipality, the use of funds contributed in part by the federal government for purposes of medical relief are not recognized.

* * *

Women Doctors to Receive Army Recognition—in Part

Women doctors in the army are for the first time to be permitted to wear ranking badges. The Royal Air Force allowed this in the last war, but not the Army Council. The *Lancet* comments as follows: "Women may now receive advancement in relative rank as for a R.A.M.C. officer in war, and will receive the same pay and allowances as a R.A.M.C. officer at single rate, except that the ration allowance will be four-fifths of that for a man. Their uniform will also include the badge of the corps, but without the motto 'In arduis fidelis' —no doubt an excellent compromise, though it might have been more tactful to allow the motto and merely remove the serpent." We like that careful regard for the waistline and double chin, too.

* * *

Real Christmas Spirit

Apparently the superintendent of one of the New Brunswick provincial hospitals must have sold magazines when going through college, for it is obvious that he has a soft spot in his heart for students who come his way now. Dr. E. C. Menzies is reported to have received a letter from a national magazine published in Toronto thanking him for his latest subscription and reminding him that he is now a paid-up subscriber to the year 1965.

* * *

One-Cent Sale

The old Indian hospital on the Red River near Maniton, Manitoba, which was recently sold to the government, changed hands not long ago for one cent. This hospital was first opened in 1896 and is said to have been the first missionary hospital in the country. The title until recently was vested in Archdeacon Phair, secretary of the church missionary society, who turned it over to the Anglican Church diocese of Rupert's Land for one cent. This hospital has now been sold to the government to be used as a sanatorium administered by the Manitoba provincial authorities for Indians suffering from tuberculosis.

* * *

An Unusual Occurrence

It did not look so good for hospital staffs to have the news broadcast across the country that in a Philadelphia hospital, after a woman near full time had been pronounced dead by three doctors and a post-mortem caesarean section hastily done on her, she started breathing again and lived for twenty-four hours. The accident occurred in the Osteopathic Hospital.

* * *

Modern Flying Carpets

Even mattresses are taking to the air these days. Not long ago the Roman Catholic hospital at Fort Rae in the Northwest Territories, some 760 air miles north of Edmonton, needed some new mattresses. Owing to the freeze-up, it was necessary to have these delivered by plane from Edmonton, a means of transportation now almost routine in this north country. Under the circumstances, the Spring-Air mattresses did seem to be properly named.

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Catholic Hospitals Form a Council

The Roman Catholic hospitals in Canada have formed an organization to deal with questions of special importance relating to their work. This new organization does not mean any separation of the Canadian Roman Catholic hospitals from the Catholic Hospital Association of the United States and Canada, the executive of which will continue to include members from the Dominion of Canada. Nor does it indicate any withdrawal from the work of the Canadian Hospital Council with which body the various Catholic conferences in Canada have been very closely identified.

This new body will have to do with national policies of Roman Catholic hospitals, matters of provincial concern being dealt with as formerly by the provincial conferences of the Catholic Hospital Association and through the participation of the individual hospitals in the provincial hospital associations.

Hospital Plan Launched by Industrial Firm

Not waiting for the hospital organization to develop hospital insurance plans, the International Harvester Company has arranged a hospitalization plan for its 2,100 employees in different parts of Canada. The results of their participation in hospital service plans in the United States have been so beneficial that the employees beneficial association has launched a somewhat similar plan here.

Employee-members will receive benefits of $4.50 a day up to a maximum of thirty-one days while in hospital. They will also receive up to thirty dollars in any one hospital illness for operating room, anaesthesia, x-ray or laboratory charges. The employee-member contributes fifty-two cents a month, the company in turn contributes an amount equal to twenty per cent of the total employee contributions.

Construction at Truro

Construction on alterations and additions to the Nurses Residence of the Colchester County Hospital at Truro, Nova Scotia, has begun. The work is estimated at $12,855 and the residence, when complete, will have accommodation for 22 nurses.

Dr. J. A. Dobbie New Superintendent at Ottawa Civic Hospital

Dr. J. A. Dobbie, for thirteen years assistant superintendent of the Ottawa Civic Hospital, has been named superintendent to succeed Dr. Donald M. Robertson, who has tendered his resignation. Dr. Dobbie is a native of Guelph and is a graduate of Queen's University. Prior to his appointment as assistant superintendent, Dr. Dobbie was very active in the medical profession in Ottawa, being a member of the senior medical staff of his hospital and secretary of its medical board. He was also secretary of the Ottawa Medico-Chirurgical Society. At the present time Dr. Dobbie is Grand Master of the Grand Lodge of Canada A.F. and A.M. in the province of Ontario.

Modern Hospital Nursery in Montreal

The new nursery at the Jewish General Hospital, Montreal, equipped with 40 cribs, is one of the most up-to-date nurseries in Canada. It is completely air conditioned, both for summer cooling and dehumidification and for winter heating and humidification. All air is sterilized by means of ultra-violet rays. The nursery is completely sound-proofed. Mr. J. Cecil McDougall was the architect.

Secretary of Homoeopathic Hospital, Montreal, Goes to U.S. Hospital

Mr. Alexander Norton, Secretary of the Homoeopathic Hospital in Montreal, is leaving this month to become Assistant Superintendent of a hospital in New Rochelle, N.Y. Mr. Norton has played a vital part in the building up of the Homoeopathic Hospital to its present fine position and will be very much missed in Montreal hospital circles. He attended the Chicago Institute for hospital administrators last September.

Mr. Walter Hatch, formerly of the business office of the Montreal General Hospital, has been named business manager.

Miss Milne Supt. at Durham

Miss Catherine Milne, Reg.N., has been appointed superintendent of the Red Cross Hospital at Durham.

A New Journal on Physiotherapy

The Canadian Physiotherapy Association has begun issuance of the Journal of the Canadian Physiotherapy Association magazine, devoted to topics of interest to physiotherapists throughout the country. This initial number contains an article on Low Backache, by Dr. H. F. Moseley of Montreal; A Historical Sketch of the Canadian Physiotherapy Association, by Mrs. Duncan Graham, Toronto; Pre-Natal and Post-Natal Muscle Work, by Elspeth H. Britton of Toronto; the Use of Short-Wave in Pneumonia, by Mary Coleman of New Westminster; the American Physiotherapy Association Convention, Kathleen I. McMurrich, Toronto; Anterior Poliomyelitis, Elinor Pettit, Hamilton; and Private Practice in Port Alberni, by Ruth Madeley. The Editor is Christine E. Graham of Toronto, and the journal is published at 184 College St., Toronto.

We welcome this new journal to the circle of professional and health journals published in Canada and wish for it a most successful future.

A Kind Acknowledgement

"There is an implication of being self-laudatory when we compliment our neighbours across the line on the way they arranged and conducted the Convention and Association last month. It is a good deal like a family glowing with possessive pride when one of its members accomplishes something deserving of public recognition. Our Canadian friends had troubles enough of their own without the responsibility of staging an undertaking as vast as the annual convention has come to be. If all their preparation for the cancelled International Hospital Congress resulted in disappointment they did not show it, and although they are citizens of a nation at war, they made one feel that war was a mere incident compared with the comfort and pleasure of their guests. The members of the American Hospital Association who were privileged to attend the Toronto convention will long remember the genuine courtesy and hospitality which, added to efficient organization and management, made the meeting in Canada such a complete success."

—Editorial in November issue of "Hospitals".

Does Enlistment Affect the Residency of the Soldier or of His Family?

Some weeks ago this question was raised and the Canadian Hospital Council was asked to take steps to safeguard the rights of the hospitals should such a situation arise—as it has already done in one or two provinces. As this is a provincial, not a federal matter, the Canadian Hospital Council referred this inquiry to the secretaries of the various provincial and other hospital associations and, during the past month, the various executive committees have considered the matter.

As far as the enlisted man himself is concerned, his hospitalization costs are looked after by the Department of National Defence, as stated elsewhere in these columns. As for interference with the established residency of the family, the viewpoint expressed in different provinces has varied. In most instances, it is felt that serious difficulties are not to be anticipated. However, in some provinces some difficulty is foreseen. This matter has already come up in the Edmonton area in Alberta where a special arrangement exists with various adjoining municipalities for a flat per diem payment of seventy-five cents for all patients hospitalized. One municipality has refused to pay on an enlisted man's hospitalization. The view of the hospitals is that a man cannot establish a new residence while in the active service forces, his residence remaining where his home is located. The suggestion has come from New Brunswick that the Department of National Defence might enact a regulation compulsory throughout Canada relative to the question of the residency of soldiers' families. It is questionable, however, whether the federal government would care to interfere with what has always been considered as a strictly provincial matter. Enlistment in the navy is also of concern to maritime hospitals. It is suggested by the Canadian Hospital Council that the various associations watch the situation closely and if difficulties arise make the necessary representation to the proper authorities.

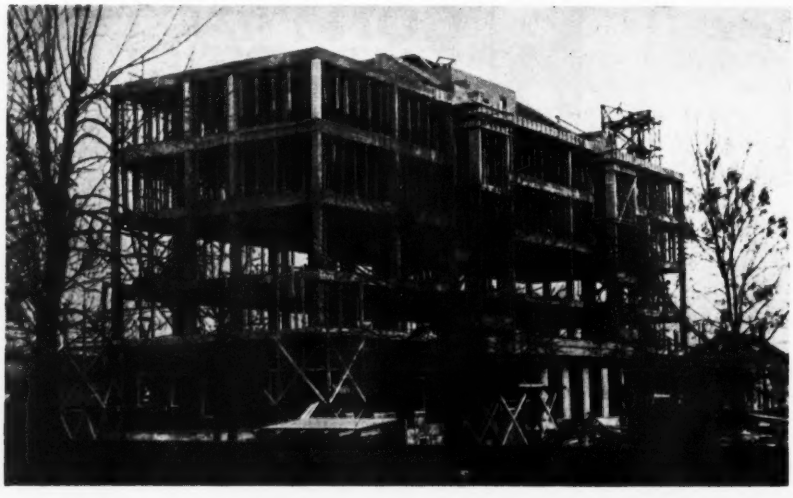
Payment for Hospitalization of Soldiers

A number of hospitals have enquired concerning the responsibility for payment of hospitalization charges incurred by members of the active service force when taken ill or suffering from accident and taken to a civilian hospital. This has already occurred in a number of instances where soldiers were on leave and also where they have suffered an accident while off duty.

The Secretary of the Department of Hospital Service of the Canadian Medical Association has received the following letter from Colonel R. M. Gorssline, Director General of Medical Services:

"In reply to your letter of December 11th, regarding charges by civilian hospitals when caring for soldiers on leave from their units, you are advised that these charges are quite in order.

"The hospital should forward the account to the District Medical Officer, Department of National Defence, in the Military District in which the civilian hospital is situated."



The new building of the Edmonton General Hospital is fast taking shape. It is expected to have the opening in April. The new building will be used for surgery, medicine and obstetrics. The older building will probably be retained for tuberculous patients, paediatrics and for the housing of some of the nurses. (Photograph taken in November).

Dr. John Ferguson

By his death on December 7th in his ninetieth year, the Canadian hospital and medical world has lost one of its greatest figures. He was a founder of the Toronto Western Hospital, of which he was for many years Physician-in-chief, and, until his death, secretary of the Board of Governors. A past-president of the Ontario Hospital Association and an ardent supporter of the Canadian Hospital Council, Dr. Ferguson has long been identified with hospital progress in Canada. Much credit for the excellent hospital legislation in Ontario can be attributed to his long chairmanship of the legislative committee of the provincial hospital association. Dr. Ferguson's medical career has been an illustrious one. Educated in Toronto, Glasgow, Edinburgh and London, he held the degrees, M.A., Ph.D., M.D., L.R.C.P. (Edin.), F.R.C.P.(C). For many years he was an associate professor of medicine in the University of Toronto. A charter member of the Ontario Medical Association in 1881, he became its first secretary and its president on its golden anniversary in 1931. He was a Past-President of the Toronto Academy of Medicine and for forty years editor of The Canadian Lancet. A prolific writer and speaker not only on medical topics but on literary subjects, he was active in various literary societies. Among other interests he was Grand Chief of the Sons of Scotland. For many years he was chief medical officer of the Excelsior Life Insurance Company. (See editorial page.)

CORRESPONDENCE

Co-Operative Purchasing

To the Editor:

The article in the November issue on "A Proposal for the Economic Purchase of Hospital Supplies" refers to a proposed method of co-operative purchasing through the Hospital Supply Purchasing Commission of Canada located in Ottawa. The word "commission" appearing in the title of this agency would suggest that this organization had some official connection with the federal government. Perhaps you could inform me if this is so. Also has it be endorsed by the Canadian Hospital Council?

——— *Superintendent.*

To the best of our information the Hospital Supply Purchasing Commission of Canada has no connection whatsoever with the federal government. Its organizer and director, known as the "chairman", Colonel MacDonald, was formerly connected with the Department of National Defense and is now acting in a private capacity in transactions between various organizations and the federal government. We understand that the Purchasing Commission has not been incorporated.

The Canadian Hospital Council has no connection whatsoever with this purchasing organization. The statement in certain correspondence that the Hospital Supply Purchasing Commission of Canada is "co-operating closely with them (the Canadian Hospital Council) in order to ensure the high quality of the supplies we are recommending to our customers" is a stronger statement than the facts warrant, for the Canadian Hospital Council has taken no action whatsoever, except to give publicity to this proposal in the November journal for the information of our hospitals and to obtain some idea of their reaction.—*The Editor.*

Addition to Salvation Army Hospital Opened

The new addition and remodelled annex of Grace Hospital, Winnipeg, were officially opened by Commissioner Benjamin Orames, head of the Salvation Army in Canada. Hon. I. B. Griffiths, Minister of Health, represented the province at the opening.

Report on Obstetrical Practice in Hospitals Being Distributed

A special study of obstetrical practice in hospitals is being distributed to hospitals this month by the Department of Hospital Service of the Canadian Medical Association. This outline of obstetrical procedure in hospitals was prepared for the C. M.A. Committee on Maternal Welfare, of which the chairman is Dr. John D. MacQueen of Winnipeg, by a special subcommittee of which the chairman was Dr. H. B. Van Wyck of Toronto. It has been approved by the Executive Committee of the Canadian Hospital Council. Additional copies may be obtained upon request.

The report covers accommodation, clinical facilities, organization of the department, clinical records, conferences, procedures, care of the newborn and extramural service. Inasmuch as many of the smaller hospitals cannot be expected to develop a service along the lines found desirable in large hospitals, there is a special section of the booklet dealing with "Obstetrical Practice in Small Hospitals".

The Addendum furnishes a checklist of furnishings and equipment, further recommended routine procedure and rules for visitors.

Dr. Bazin Gives Founders' Lecture at Victoria

The founders' lecture to the North Pacific Surgical Association convention held in Victoria in November was delivered by Dr. Alfred T. Bazin, Emeritus Professor of Surgery at McGill University and a frequent contributor to this journal.

Canadian Nurses Association to Meet in Calgary

The Canadian Nurses Association has announced that the next general meeting will be held at the Hotel Palliser, Calgary, June 24-29, 1940. This is a change from an earlier announcement that the meeting would be held at Banff.

4th Annual Hotel Show to Feature Food and Maintenance Equipment

Hospital superintendents and dietitians in Ontario will be interested in the display of food service and maintenance equipment which will be shown at the 4th Annual Hotel Show in the Royal York Hotel, Toronto, January 22nd-24th.

Book Reviews

A Textbook of Practical Nursing. By Kathryn O. Brownell, R.N., B.S., Director of the Y.W. C.A. School of Practical Nursing, Brooklyn, N.Y. Former Supervisor of School Nursing Service, Connecticut State Board of Education, Hartford. 418 pages, illustrated. Price $3.50. W. B. Saunders Company, Philadelphia and London. McAinsh & Co. Limited, Toronto. 1939.

The author has lectured on practical nursing for several years and has now incorporated material for these lectures into book form. The two opening chapters are devoted to anatomy and physiology, with most of the book given over to actual procedures which may be undertaken by the practical nurse. Special chapters deal with the care of the convalescent mother and infant, children and the aged patient. The chapters on household management and cooking are of practical value, and those dealing with the personal conduct and ethics of the practical nurse will be helpful in defining for the individual her relationship to those for whom and with whom she works.

* * *

A Textbook of Materia Medica, Pharmacology and Therapeutics. By Harold N. Wright, M.S., Ph.D., Associate Professor of Pharmacology, University of Minnesota, and Mildred Montag, R.N., M.A., Instructor in Nursing Arts, St. Luke's Hospital, New York. 566 pp., illustrated. $3.25. W. B. Saunders Company, Philadelphia and London. McAinsh & Co. Limited, Toronto. 1939.

This is a useful book for both the student and graduate nurse. Under the heading of materia medica, it gives the properties, preparations, dosages and methods of administration of the various drugs. Under pharmacology, the pharmacological actions of drugs are reviewed and these are applied to the treatment of disease under the heading therapeutics, although it is not arranged primarily as a textbook on therapy. A short chapter on toxicology is appended. It is noted that throughout the text U.S.P., N.F., N.N.R. and B.P. are given, although no reference is made to the Canadian formulary.

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WOMEN'S HOSPITAL AIDS ASSOCIATION

Province of Ontario, Canada

Association formed 1910
Individual Aid formed 1865

A New Year Message to All Hospital Aid Members

The New Year is at our front door, challenging us to new beginnings, new ideas, new hopes and new responsibilities. We are all a part in the great plan of life; we cannot shirk our portion of the work assigned us and as we turn the new clean leaf of the year to be, may we be jealous for all that is written thereon during the coming year. For if it is to be a year in which we live to make the earth better, it is because God will direct and guard our every word and deed. Let us give to it nothing within its keeping which would not prove an honor to God's name.

We are faced with heavy responsibilities. May we give our best in the services required of us. Let the New Year be a living issue; enter the New Year with a kind thought for everyone, and try by word and deed to make it a happier, better year for those with whom we come in contact. Diffuse the fragrance of charity and of goodwill toward everyone; ask God to give you winsomeness of heart and mind that by your example you may help others to help themselves. Never miss an opportunity to say a kind word; the world needs it and you will feel the better for having been generous in thought and deed. May we all have courage, steadfastness, wisdom and strength to face the problems of the New Year. Let cheerfulness and faith be ever our companions. We know nothing of what this year will bring, we only know it is God's year. May He bless it to us all.

Margaret Rhynas,
President.

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SUE BARTON: RURAL NURSE. By Helen Dore Boylsten. 254 pp., illustrated. Price $2.25. Little, Brown and Company, Boston. McClelland & Stewart, Limited, Toronto. 1939.

This is the fourth in a series of Sue Barton books which deal with the young nurse's career from probationer days to graduation and into public health work. As a rural nurse, Sue turns detective and tracks down a typhoid carrier who has been causing plenty of trouble for Dr. Bill Barry—the genial young doctor to whom Sue is engaged. Any girl who enjoyed the earlier books will be glad to read this latest chapter on Sue Barton.

Hospitals Do Co-operate

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pitals having higher charging rates for a given service than other hospitals. You see, there cannot be any compelling force to a co-operative ideal. The words "compel" and "co-operate" cannot be made to "jell".

Post-convention Note:

At our recent provincial hospitals' convention it was decided that we would no longer greet one another once in each year, but that hospitals in a given geographical location would form themselves into regional groups. By the aid of a map of the province, it was demonstrated to the various hospital representatives that they had for years missed the benefits that will undoubtedly accrue from regional conferences.

To each of these groups will be cheerfully extended all information that has been obtained as a result of the work in the Lower Mainland Region; if, perchance, hospitals located in other parts of the Dominion are interested, we shall be most happy to communicate to them any item or detail of the work accomplished here.

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